

for your Benefit



A quarterly newsletter for HIRSP members

Spring 1999

A look back at 1998: A year of change for HIRSP policyholders

In 1998, the Health Insurance Risk Sharing Plan (HIRSP) changed in several important ways. These new beginnings are intended to keep HIRSP financially healthy and accessible to policyholders.

Transferred to DHFS

Effective January 1, 1998, the Wisconsin Legislature transferred the administration of HIRSP from the Office of the Commissioner of Insurance to the Department of Health and Family Services (DHFS). This occurred because HIRSP was in serious financial difficulty, and the DHFS has a long history of efficiently administering state health care programs.

The statutes effective with this change have made HIRSP difficult to administer. HIRSP has become bogged down with processes and procedures that are in many regards virtually impossible.

The DHFS proposed a HIRSP significantly more streamlined in its administration. HIRSP's statutes prevent the DHFS from using many of the successful strategies used with other programs. The DHFS

remains very committed to fulfilling the Legislature's intent to improve HIRSP and maintain its solvency.

Other legislation

In an effort to accomplish these goals, recent state legislation also:

- Committed new state funding of \$11.9 million each year.
- Created a new payment system for providers to support program costs. This system will limit the burden on insurer assessments and policyholder premiums.

These changes are intended to control expenditures and make the program more accessible and affordable to policyholders.

Aiding the transition

During the administrative transition, the DHFS has:

- Added customer service staff to answer more quickly the increased number of provider and policyholder questions. Call

volumes have increased from an average of 5,000 a month to 8,800 in January 1999 alone. The DHFS responded to this need as soon as it knew about the increased demand. Most callers are now on hold for only a few minutes.

- Drafted an accurate provider handbook that describes in detail appropriate HIRSP billing procedures. This will help reduce the number of claims inappropriately denied.

HIRSP policy changes

The state Legislature made several changes to the HIRSP plan itself. These did not change basic benefit coverage. The DHFS has been making some changes required by state law intended to control expenditures and streamline administration. ■

Can I be billed for the amount HIRSP does not pay on a covered service?

No. Policyholders cannot be billed for the unpaid balance of a covered service other than for HIRSP deductibles and coinsurance. Refer to the back of the HIRSP identification card for a statement of this policy. Call HIRSP at (800) 828-4777 or (608) 221-4551 if a provider bills the balance.

Who will get paid, my provider or me?

The payment will go to whoever is identified on the claim to receive the payment. If this information is not clearly indicated on a pharmacy claim, the payment will be sent to the policyholder. For all other types of claims, the payment is sent to the provider.

My claim was denied because my provider was not Medicaid certified.

HIRSP is unable to pay for services rendered by providers who are not Wisconsin Medicaid certified as of August 1, 1998. Therefore, it is important for you to be sure your provider is Wisconsin Medicaid certified. If you are not sure if your provider is Wisconsin Medicaid certified, be sure to ask your provider.

I've gone to my provider, and he or she does not know how to bill HIRSP for the services provided to me.

The provider handbook will be mailed to all HIRSP providers in April 1999. The handbook will provide helpful information on covered services as well

HIRSP



Questions and Answers

A regular column of frequently asked questions about HIRSP

as billing. Providers may also call HIRSP at (800) 828-4777 or (608) 221-4551 if they have questions.

I can't get through on the HIRSP Customer Service telephone lines. What can I do?

We understand how frustrating it can be when a policyholder can't reach a representative. Therefore, HIRSP has added customer service representatives. The best times to call Customer Service are typically between 8:30 and 10 a.m.

Why aren't my claims being paid?

During the transfer to the new plan administrator, claims have not been processed as quickly as HIRSP would have liked. We are working diligently to process all claims in a timely manner. For example, the number of claims to be entered has improved dramatically. Instead of the 17,675 claims waiting for processing on October 25, 1998, there were 8,226 on February 21, 1999. Claims also are being entered into our computer system faster. On average, HIRSP enters claims within 10 days from receiving them.

Do I need hospital pre-admission approval?

No. Hospital services are covered as long as the service is medically necessary.

I don't understand my Remittance and Status Report.

Use the monthly Explanation of Benefits (EOB) statement instead of the Remittance and Status (R/S) Report. The EOB statement is easier to understand and provides all pertinent claim information. HIRSP mails the EOB statement the second week of each month for the previous month's claim activity. A policyholder with processed claims for the week will receive an R/S Report.

Is HIRSP denying insulin supplies?

No. Insulin supplies are covered by HIRSP. If a policyholder received a claim denial for insulin supplies, please resubmit the claim to:

Customer Service
HIRSP
6406 Bridge Road, Suite 18
Madison, WI 53784-0018

My pharmacist charges me up front for my prescriptions. Are there pharmacies that will accept assignment and bill HIRSP directly?

Yes. There are pharmacies that will bill HIRSP directly. Call the pharmacies in your area and ask them if they accept assignment for HIRSP. ■

Policy limits for pre-existing conditions may not apply

Due to legislative changes for HIRSP, limitations for pre-existing conditions may not apply for policyholders who qualify as an eligible individual.

An eligible individual is a person who has recently lost group insurance coverage, is not able to obtain new coverage, and meets all of the following requirements:

- The individual does not currently have health insurance and is not eligible for a group health plan or Medicaid.
- The most recent period of "creditable coverage" (see box) was under a group health plan, a governmental plan, or a church plan.
- The individual's periods of creditable coverage must total 18 months or more.
- The most recent creditable coverage was not terminated due to fraud, intentional misrepresentation, or failure to pay the premium.
- If offered, the individual elected continuation coverage and exhausted that coverage.
- The HIRSP application must be received at HIRSP within 63 days of the termination date of the other coverage. ■

"Creditable coverage" means health care coverage under:

- A group health plan.
- Health insurance.
- Medicare Part A or B.
- Medicaid.
- Civilian Health and Medical Plan of the Uniformed Services (CHAMPUS).
- Civilian Health and Medical Plan of the Veterans Administration (CHAMPVA).
- An Indian Health Services or Tribal Organization health plan.
- A state health benefits risk pool.
- A federal employee health plan.
- A public health plan.
- A Peace Corps health plan. ■

Subsidies help low-income policyholders save money



Applying for a low-income subsidy may help policyholders reduce their insurance bills.

HIRSP offers subsidies to low-income policyholders to help them meet their deductible and premium payments.

Policyholders may qualify if:

- Their household income is less than \$20,000 a year.
- They are enrolled in HIRSP Plan 1, Option A or Plan 2 for Medicare recipients. Policyholders on Plan 1, Option B (\$2,500 deductible) are not eligible.

Eligibility is based on income as defined by the Wisconsin Homestead Credit Form.

Don't miss this opportunity!

Policyholders must apply each year for these subsidies by either forwarding a copy of their 1998 schedule H or returning a completed application form. Apply no later than May 1, 1999, to:

HIRSP
6406 Bridge Road, Suite 18
Madison, WI 53784-0018

In March, all policyholders will receive an application form in the mail. Application forms are also available by writing or calling HIRSP at (800) 828-4777 or (608) 221-4551.

Remember, the application must be postmarked by May 1 of this year to receive the subsidy for premiums effective July 1, 1999. ■

for your **Benefit**

For Your Benefit seeks to provide information about the Wisconsin Health Insurance Risk Sharing Plan (HIRSP) for HIRSP members and the public.



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You may write to HIRSP at:
HIRSP
6406 Bridge Road, Suite 18
Madison, WI 53784-0018

HIRSP's telephone numbers are:
(608) 221-4551 in the Madison area
(800) 828-4777 toll free

Help HIRSP speed claims processing

HIRSP wants to process policyholder claims as quickly and accurately as possible. Please include the following information on claim forms to ensure prompt, accurate processing:

1. Specify description of illness (diagnosis).
2. Attach itemized statements or prescriptions with all pertinent data needed for processing (date of service, NDC/procedure code, quantity/days supply, itemized charges per detail, Medicaid billing provider number when available).
3. Specify *only* one provider per claim.
4. Identify *to whom* payment should be made (check appropriate box for policyholder or provider).
5. Indicate the valid 10-digit policyholder identification number as specified on your HIRSP identification card.
6. Request pharmacies to bill HIRSP electronically or complete the HIRSP drug claim form. ■